

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G70674

1. Entity Name
CHRISTENSON & ASSOCIATES MORTGAGE COMPANY



Principal Place of Business
**789 S FEDERAL HWY
304
STUART, FL 34994 US**

Mailing Address
**PO BOX 3000
STUART, FL 34995**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2351271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTENSON, NEILS PETER
789 S FED HWY
STE 304
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
ADAM, CECIL R.
789 S. FEDERAL HWY, STE 304
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHRISTENSON, NEILS P.
789 SOUTH FEDERAL HWY ST. 304
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TS
CHRISTENSON, LINDA
789 S FED HWY STE 304
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/10/05-80026-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05

Date

772 287 3100

Daytime Phone #